

**CHANGE OF  
CORRESPONDENCE ADDRESS  
Application**

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number

10/628,182

Filing Date

7-28-2003

First Named Inventor

Beryl B. Schiltz

Art Unit

1724

Examiner Name

Ivars Cintins

Attorney Docket Number

MOR-001

Please change the Correspondence Address for the above-identified application  
to:

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Customer Number

Type Customer Number here

Place Customer  
Number Bar Code  
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OR

☒ Firm or  
Individual Name

Ms. Beryl B. Schiltz

Address

8571 54<sup>th</sup> Avenue Cir. E.

Address

City

Bradenton

State

FL

ZIP

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Telephone

(813) 387-0879

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐

Applicant/Inventor.

☐

Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed  
Name

Jeff Seto

Signature

Date

2-18-05

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐

\*Total of \_\_\_\_\_ forms are submitted.